

Title I Parent Survey
-Sample Elementary School-

Please circle your response to each of the following items.

1. Do you have a clear understanding of how your child qualified for Title I assistance?

1	2	3	4
not much	some	mostly	very much

2. Do you have a clear understanding of the purpose and goals of the Title I program?

1	2	3	4
not much	some	mostly	very much

3. Do you have a clear understanding of the instruction and activities your child experiences in the Title I program?

1	2	3	4
not much	some	mostly	very much

4. Do you have a clear understanding of what your child must accomplish in order to exit the Title I program?

1	2	3	4
not much	some	mostly	very much

5. Has your child's progress in Title I been clearly communicated to you?

1	2	3	4
not much	some	mostly	very much

6. Have you been given opportunities to discuss your child's progress with the Title I teacher?

1	2	3	4
not much	some	mostly	very much

7. Has your child shown an increased interest in reading as a result of Title I instruction?

1	2	3	4
not much	some	mostly	very much

-over-

8. Did you attend Title I Parent Teacher Conferences?

No

Yes

9. Did you attend Title I Parent Night?

No

Yes

10. Would you be willing to serve on the Title I Advisory Committee?

No

Yes

If so, please write your name and contact information.

Name

Phone number

E-mail

My suggestions for improving the Title I program:

Comments or suggestions for the Title I teachers: